

To: Rural Medical Access Program Interested Parties

From: Charles Dwyer, Director  
Maine CDC Office of Rural Health and Primary Care

Date: March 16, 2009

Re: 2009 Rural Medical Access Program Application

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**Rural Medical Access Program Background:**

The Rural Medical Access Program (RMAP) is jointly administered by the Maine CDC Office of Rural Health and Primary Care and the Bureau of Insurance. The program promotes obstetrical and prenatal care in federally designated medically underserved areas and Health Professional Shortage Areas of Maine through assistance with insurance premiums for eligible obstetricians and family or general practice physicians. To be considered for RMAP, physicians must be practicing in Maine and have malpractice insurance for prenatal care and/or obstetrical services for at least the period of July 1, 2008 thru December 31, 2008.

**Category determination:**

1. Physicians whose practices are located in federally designated medically underserved areas or Health Professional Shortage Areas, who practice at least 50% of the time in underserved areas, and whose practice includes at least 10% MaineCare clients.
2. Physicians whose practices are not located in federally designated medically underserved areas or Health Professional Shortage Areas but are located in Primary Care Analysis Areas of under 20,000 population and at least 50% of the visits are patients from federally designated underserved areas and/or MaineCare.

Enclosed please find the 2009 application for the Maine Rural Medical Access Program.

**These applications must be completed and returned to the Maine CDC Office of Rural Health and Primary Care by Friday, May 1, 2009. Late applications cannot be accepted.**  
**Please send to:**

Charles Dwyer, Director  
Maine CDC Office of Rural Health and Primary Care  
#11 SHS, 286 Water Street, 6<sup>th</sup> Floor  
Augusta, Maine 04333-0011

If you have any questions or need additional applications, please feel free to call us at 287-5524.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
RURAL MEDICAL ACCESS PROGRAM (RMAP) APPLICATION-2009

**Due Friday, May 1, 2009**

Send applications to: Charles Dwyer, Director  
Maine CDC Office of Rural Health and Primary Care, #11 SHS,  
286 Water Street, 6<sup>th</sup> Floor, Augusta, Maine 04333-0011  
Tel: 207-287-5524 Fax: 207-287-5431

PHYSICIAN NAME \_\_\_\_\_

PRACTICE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

MAINE PHYSICIAN LICENSE # \_\_\_\_\_

MAINECARE PROVIDER # \_\_\_\_\_

Include all MaineCare Provider #s under which you bill for prenatal care in the practice listed on this application. (Failure to provide the MaineCare number will affect the application process.)

If you do not perform deliveries yourself, to whom do you refer patients?

NAME(s) \_\_\_\_\_

ADDRESS(es) \_\_\_\_\_

Attach a copy of your agreement(s) with physician(s).

LIST TOWNS IN DESIGNATED AREAS IN WHICH YOUR PATIENTS RESIDE:

Find Area Designations at: <http://hpsafind.hrsa.gov/>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRACTICE IS LOCATED:

\_\_\_\_\_ in a Medically Underserved Area (MUA) or Health Professional Shortage Area (HPSA).

\_\_\_\_\_ outside of a Designated Area

If outside of a designated area, estimate the number of visits by MaineCare patients from designated areas: \_\_\_\_\_

PRENATAL AND/OR OBSTETRICAL COVERAGE FOR (Please Check One):

\_\_\_\_\_ the entire period (1-1-08 thru 12-31-08)

\_\_\_\_\_ a portion of the period, specify \_\_\_\_\_

If you were covered for a portion of the period, coverage **must** have begun on or before July 1, 2008 and remained in effect until December 31, 2008 to be considered.

Total # of patient visits: \_\_\_\_\_

Total # visits paid by MaineCare: \_\_\_\_\_

Total # of prenatal visits: \_\_\_\_\_

Total # of MaineCare prenatal visits: \_\_\_\_\_

Total # of deliveries performed: \_\_\_\_\_

Total # of MaineCare deliveries performed: \_\_\_\_\_

Hours per week prenatal/obstetrical care provided: \_\_\_\_\_

We continually evaluate the Rural Medical Access Program. Please assist us by completing the following questions. Thank you.

1. Does participation in the RMAP make a difference in whether you serve this area/population?
2. If the assistance stopped, would you continue to provide prenatal/obstetrical care for this area/population?
3. Your comments about the program are welcome.

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INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

PAYER OF PREMIUM: Self \_\_\_\_\_

Other: Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

CERTIFICATION: I certify that the above information is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RMAPAPPL 09. Revised 03/10/09

FOR OFFICE USE ONLY--RECVD \_\_\_\_\_; NOTIFIED OF RECEIPT \_\_\_\_\_; NOTIFIED OF REVIEW \_\_\_\_\_